

**City of Warwick
Income Property**

No: _____

Fiscal Year: _____

Application for Abatement of Property Tax

For appeals to the tax assessor, this form must be filed with the City of Warwick tax assessor's office within (90) days from the date the first tax payment is due. For appeals to the local tax board of review, this form must be filed with the City of Warwick Board of Assessment Review not more than thirty (30) days after the assessor renders a decision, or if the assessor does not render a decision within forty-five (45) days of the filing of the appeal, not more than ninety (90) days after the expiration of the forty-five (45) days period.

1. TAXPAYER INFORMATION:

A. Name(s) of Assessed Owner: _____

B. Names(s) and Status of Applicant (if other than Assessed Owner): _____

_____ Subsequent Owner (Acquired Title After December 31 on _____
_____ Administrator/Executor _____ Lessee _____ Mortgagee _____ Other-Specify _____

C. Mailing Address: _____ Tel. No. (____) _____

D. Previous Assessed Value _____ E. New Assessed Value _____

2. PROPERTY IDENTIFICATION:

A. Location (Street) _____ Description: _____

No. & Zip Code
_____ Real Estate Parcel Identification: Plat _____ Lot _____ Unit _____

B. Date Property Acquired: _____ Purchase Price: _____ Total Cost Improvements: _____

What is the amount of Fire Insurance on Building: _____

3. REASON FOR ABATEMENT SOUGHT: Check reasons(s) abatement is warranted and briefly explain why it applies. Continue explanation on Attachment if necessary.

_____ Overvaluation _____ Incorrect Usage Classification
_____ Disproportionate Assessment _____ Other – Specify _____

****NOTE: INABILITY TO PAY IS NOT A VALID REASON FOR AN APPEAL OF ASSESSED VALUATION.**

Applicant's Opinion of Value \$ _____

Explanation: _____

Have you filled a true and exact account this year with the City Assessor as required by law: (yes/no) _____

Comparable Properties that support your claim:

Address	Sale Price	Sale Date	Property Type	Assessed Value
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4. SIGNATURES:

SIGNATURE OF APPLICANT _____ DATE _____

SIGNATURE OF AUTHORIZED AGENT _____ DATE _____

(____)

Name & Address of Preparer	Tel. No.
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THE FILING OF THIS APPLICATION DOES NOT STAY THE COLLECTION OF YOUR TAX. TO AVIOD THE ADDITION OF INTEREST AND OTHER COLLECTION CHARGES, THE TAX SHOULD BE PAID AS ASSESSED.

See Reverse Side

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If the property under appeal is incoming producing, please submit the following information and attach to this Appeal Form:

1. For Residential Property

- a. number of apartments by floors;
- b. number of rooms in each apartment;
- c. monthly or weekly rental per apartment;
- d. utilities or services paid by owner;
- e. latest annual income and expense statement for property;
- f. appliances and furniture supplied by owner;
- g. present book value and reserves for depreciation on the building and on items in f. above (please note method of depreciation and rate).

2. For industrial and commercial property

- a. number of rentable units in property;
- b. number of buildings, floors and square foot rentable area;
- c. per square foot rental by floors;
- d. utilities or services paid by owner;
- e. latest annual income and expense statement and any other pertinent information;
- f. present book value and reserves for depreciation on the building (please note method of depreciation rate).

To owner, or a member of his family with written authority, in the event the owner cannot attend, or an attorney representing the owner, must be present at the hearing.

This appeal form must be completely filled in.